



AMALGAM SEPARATOR INSTALLATION SELF-CERTIFICATION FORM

GENERAL INFORMATION

Practice Name: _____

Street Address of Practice: _____

Owner(s) Name(s): _____ Phone Number: _____

Mailing Address: _____

City/Town: _____ Zip Code _____

E-mail Address: _____

AMALGAM SEPARATOR INFORMATION

Manufacturer: _____

Model: _____ Maximum Flow Rate _____

Date Installed: _____ Number of chairs separator serves _____

Written description of amalgam separator location (attach a sketch if you prefer):

SIGNATURE

Date

Authorized Signature

Installation Deadline is October 1, 2005

Please return to:
NH Dept. of Environmental Services
NH Pollution Prevention Program
P. O. Box 95
Concord, NH 03302-0095